

**DEPARTMENT OF PARKS AND RECREATION
SUMMER CAMP 2006
SCHOLARSHIP APPLICATION**



Dear Parents and Guardians,

The Department of Parks and Recreation welcomes you to another exciting year of camp! We want your child to have a safe and enjoyable summer. To facilitate this process, we have prepared the enclosed Scholarship Application Packet.

The information contained in this packet will assist you in determining if your child(ren) is eligible for a summer camp scholarship. Please review the instructions and application carefully. Be sure to complete all sections however, TANF, Foster Care and Social Security applicants should only complete general information and scholarship information.

Once you have completed your application and have all supporting documentation, please submit your application according to the guidelines listed below:

IF YOU ARE APPLYING FOR:	SUBMIT YOUR APPLICATION TO:
LITTLE EXPLORERS	Call the Office of Educational Services at 202-282-0710 to schedule an assessment interview
THERAPEUTIC CAMPS, CAMP FUNWARD BOUND, LET'S PLAY TOGETHER- INCLUSION CAMP	Call the Center for Therapeutic Recreation at 202-698-1794 to schedule an assessment interview
DISCOVERY CAMPS	Submit your application to any recreation center
SPORTS CAMPS	Submit your application to any recreation center
CAMP RIVERVIEW, CITY PLANTERS, OUTDOOR ADVENTURERS	Submit your application to any recreation center

You will be required to show personal identification. You will also need to bring original documentation verifying your residency, guardianship, and income. You must also provide **copies** of these documents at the time of your appointment. Applications will not be processed if information is missing. The deadline to apply for scholarships is thirty days prior to a camping session. You will be notified of your award via US mail within fourteen days of submitting your application.

SESSION	START DATE	SCHOLARSHIP APPLICATION DUE DATE
1	JUNE 26, 2006	MAY 26, 2006
2	JULY 10, 2006	JUNE 12, 2006
3	JULY 24, 2006	JUNE 26, 2006
4	AUGUST 7, 2006	JULY 10, 2006

*Camp Funward Bound consists of one 4-week session beginning 7/13/06. Consult your Summer Program Guide.

*Camp Riverview consists of three 1-week sessions. Consult your Summer Program Guide.

The Department of Parks and Recreation is committed to providing you with quality programs. This is sure to be a terrific and memorable summer. Happy Camping!

Sincerely,

Tina Roper
Camping Manager
202-282-0730

DEPARTMENT OF PARKS AND RECREATION

SUMMER CAMP 2006

SCHOLARSHIP APPLICATION



INSTRUCTIONS

Applicants to the Summer Camp Scholarship Program must be DC residents with guardians who meet established eligibility requirements. Depending on their household's annual income and size, applicants may qualify for half or full scholarships.

IMPORTANT: All TANF, Foster Care and Social Security applicants are eligible full scholarships per qualifying child. All other applicants must meet the specified eligibility requirements.

TANF, Foster Care and Social Security applicants:

- ☐ Fill out the General Information and Scholarship information portion of the application only
- ☐ Show proof of benefit for EACH qualifying child
- ☐ Bring the original and a duplicate copy of proof of benefit to any Department of Parks and Recreation recreation center
- ☐ Bring original and copy of your personal identification

Other applicants:

- ☐ Locate your household size and income on the chart below
- ☐ Determine if you qualify for a partial or full scholarship
- ☐ Fill out the entire Scholarship Application
- ☐ Bring original and duplicate copies of all qualifying documents to any Department of Parks and Recreation recreation center
- ☐ Bring original and copy of your personal identification

Income Chart
2006 Scholarship Program Qualifying Schedule

Number of people living in your household.	You are eligible for a full scholarship if your household income is below:	You are eligible for a half scholarship if your household income is below:
2	\$20,192	\$26,922
3	\$23,603	\$31,470
4	\$29,811	\$39,748
5	\$38,412	\$51,216
6	\$42,119	\$56,158
7	\$47,793	\$63,724
8	\$56,636	\$75,514

Based on Income Eligibility Guidelines Effective from July 1, 2006 to June 30, 2007. Published at <http://www.fns.usda.gov/cnd/governance/notices/iegs/IEGs04-05.pdf>

Applicants for Therapeutic Camps and/or Little Explorer Camps:

- ☐ Complete your application following the guidelines above
- ☐ Schedule an appointment for assessment with the DC Center for Therapeutic Recreation at 202-698-1794

Applicants for Little Explorer Camps:

- ☐ Complete your application following the guidelines above
- ☐ Schedule an appointment for assessment with the Offices of Educational Services at 202-282-0710

QUALIFYING DOCUMENTS LISTING

Document to Verify Residence (SUBMIT ONE OF THE FOLLOWING)

- ☐ Complete utility bill showing guardian's name and address issued within the last 60 days; **or**
- ☐ Original lease or rental agreement with the guardian's name listed as the lessee or renter; **or**
- ☐ Voter registration card for the guardian; **or**
- ☐ Notarized, written statement from a person owning or renting the residence certifying that the guardian lives at that address **AND** a complete utility bill of that person; **or**
- ☐ Deed, settlement agreement, or homestead exemption certificate in name of guardian; **or**
- ☐ Letter from halfway house or shelter specifying that the guardian resides at that location (letter must be on letterhead and dated within the last 30 days).

Proof of Guardianship and Household Size

- ☐ Child's Birth Certificate (including name of Parent Applicant) for all applicable dependent children (wallet card birth certificates are *not* acceptable); **and/or**
- ☐ Court document verifying guardianship for all applicable dependent children; **and/or**
- ☐ A letter from the DC Department of Corrections verifying that the Applicant has temporary custody of a child whose parent is incarcerated (letter must be on letterhead and dated within the last 30 days)

Proof of Income (SUBMIT ONE OF THE FOLLOWING)

- ☐ Three recent **consecutive** pay statements with at least one no older than 30 days; **or**
- ☐ Tax record from the previous year for self-employed parents
- ☐ A letter from the DC Child and Family Services Agency verifying that the guardian is currently serving as a foster care provider or other temporary caregiver for a child with an active child protective services case (letter must be on letterhead and dated within the last 30 days); **or**
- ☐ A letter from the DC Income Maintenance Administration verifying that the Applicant receives Temporary Assistance to Needy Families (TANF) payments on behalf of all applicable dependent children (letter must be on letterhead and dated within the last 30 days); **or**
- ☐ A benefit letter from the Social Security Administration verifying that the Applicant receives a benefit payment for all applicable dependent children (letter must be on letterhead and dated within the last 30 days)

Applicants may apply for and receive scholarships for multiple sessions. The Department of Parks and Recreation reserves the right to revoke scholarship funds if a participant does not maintain perfect attendance. Exceptions will be made if the participant is unable to attend a day of program due to family emergency, death in the family, illness or any other event that requires medical attention.

<p>IMPORTANT: APPLICATIONS WILL NOT BE PROCESSED WITHOUT COPIES OF QUALIFYING DOCUMENTS</p>
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DEPARTMENT OF PARKS AND RECREATION
 Summer Camp 2006 Scholarship Application



GENERAL INFORMATION

Name of Applicant: _____
 (Parent/Guardian/Payer) *Last* *First* *MI*

SSN: _____ **DOB:** _____ **Marital Status:** _____ (Married, Single, Separated, Divorced, Widowed)

Address: _____
Street Address *City* *State* *Zip Code*

Home telephone #: _____ **Work / other telephone #:** _____

Child(ren)/ participant information:

1) _____ **Gender:** __ Male __ Female **DOB:** _____
Last *First* *MI*
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____

2) _____ **Gender:** __ Male __ Female **DOB:** _____
Last *First* *MI*
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____

3) _____ **Gender:** __ Male __ Female **DOB:** _____
Last *First* *MI*
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____

4) _____ **Gender:** __ Male __ Female **DOB:** _____
Last *First* *MI*
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____
 Camp: _____ **RecWare#:** _____ **Session(s):** _____

Will you need before and after care? **yes** **no**

SCHOLARSHIP INFORMATION

Income Statement

List all sources of household income for this year and amounts as indicated below. Income means total cash receipts before taxes except income from TANF and non-cash benefits (such as food stamps). You may use the Yearly Income Worksheet to assist you in determining your yearly income. The Yearly Income Worksheet will also help you determine if you meet the criteria under the Federal Poverty Guidelines to qualify for a Summer Camp 2006 Scholarship.

Employment: \$ _____ **Social Security:** \$ _____ **Child Support:** \$ _____
Unemployment: \$ _____ **TANF:** \$ _____ **Food Stamps:** \$ _____

Housing Assistance: \$ _____ **Other:** \$ _____

Total Income: \$ _____

TANF, FOSTER CHILD
 AND SOCIAL SECURITY
 APPLICANTS



GO TO SECTION FOUR

SECTION ONE

SECTION TWO

DEPENDENT CHILD(REN) INFORMATION

CHILD'S NAME: _____ **SSN:** _____
Last First MI

DOB: _____ Birth Certificate or other official documents demonstrating guardianship attached: Yes ☐ No ☐

Parent/Guardian: _____
Name DOB SSN

CHILD'S NAME: _____ **SSN:** _____
Last First MI

DOB: _____ Birth Certificate or other official documents demonstrating guardianship attached: Yes ☐ No ☐

Parent/Guardian: _____
Name DOB SSN

CHILD'S NAME: _____ **SSN:** _____
Last First MI

DOB: _____ Birth Certificate or other official documents demonstrating guardianship attached: Yes ☐ No ☐

Parent/Guardian: _____
Name DOB SSN

CHILD'S NAME: _____ **SSN:** _____
Last First MI

DOB: _____ Birth Certificate or other official documents demonstrating guardianship attached: Yes ☐ No ☐

Parent/Guardian: _____
Name DOB SSN

Please attach a separate sheet of paper if you have more than four dependents

*By signing below, I certify that the information contained in this form and the attached documentation is true.
I also understand that attendance is mandatory except in extreme extenuating circumstances*

Applicant Signature

Date

Applicant Name (Please Print)

OFFICIAL USE ONLY

Eligibility Determination: _____ Eligible _____ Ineligible
Type of Scholarship: _____ Partial _____ Full

Full / Partial Scholarship Amount: \$ _____

If ineligible, list reason: _____

Eligibility Worker:

Print Name

Signature

Agency Determination:

☐ **Approved**
☐ **Disapproved**

Roslyn Johnson, Deputy Director

Date



OPTIONAL
DC PARKS AND RECREATION
SUMMER CAMP 2006 SCHOLARSHIP APPLICATION
Yearly Income Worksheet



Instructions: This document has been prepared to assist you in determining whether you are eligible for a full or partial scholarship for Summer Camp 2006 under the Federal Poverty Guidelines. Please review the information below and complete this worksheet before registering your child. If you need assistance, a staff member will assist you when registering.

Step 1 - Determine your yearly employment income

To determine your yearly employment income, add three original consecutive paychecks. Be sure to include each parent/guardian residing in the household whose income supports the potential scholarship recipient. Next, divide that number by three to get your average paycheck amount. If you are paid weekly, multiply this number by 52. If you are paid bi-weekly, multiply this number by 26.

Step 1: Add three consecutive paychecks

Paycheck amount 1		
Paycheck amount 2	+	_____
Paycheck amount 3	+	_____
<i>Total from all paychecks:</i>		_____

Step 2: Divide the total from all of your paychecks by 3 to determine the average paycheck amount

Average paycheck amount: _____

Step 3: Multiply your average paycheck amount to determine your yearly income

If paid weekly, multiply your average paycheck amount by 52: = \$ _____
OR
If paid bi-weekly, multiply your average paycheck amount by 26: = \$ _____

Step 2 - Determine your total yearly income

Insert your yearly income amount into the employment income space. Next, add all other income sources to determine your total yearly income. Do not include income from TANF and non-cash benefits (such as food stamps).

Employment Income:	
Social Security:	+ _____
Child Support:	+ _____
Unemployment:	+ _____
Housing Assistance:	+ _____
Other:	+ _____
Total Yearly Income:	= \$ _____

Step 3 - Determine your family size

Family size is defined as all persons living in the same household who are supported by the income of the parent(s) or guardian(s) of the child(ren) for whom a scholarship is sought. To determine this amount, add the total number of dependents living in your household, including you and your spouse.

Family Size: _____

Step 4 - Use the chart below to compare your yearly income with your family size to determine if you meet the Federal Poverty Guidelines.

Total yearly income: \$ _____ Family Size _____

Number of people living in your household.	You are eligible for a full scholarship if your household income is below:	You are eligible for a half scholarship if your household income is below:
2	\$20,192	\$26,922
3	\$23,603	\$31,470
4	\$29,811	\$39,748
5	\$38,412	\$51,216
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